

JCIC Minutes
September 15, 2010 10:00 – Noon EST
Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities
Held as Video/Audio-Conference Call

Attending Representatives:

Regional MH/MR Boards

Four Rivers: Brad Dossett
Renee Marchbanks
Faith Sharp

Pennyroyal: John Pyle
Mike Kissner

River Valley: Lisa Boehman-Kincheloe
Talea Parker

Lifeskills: Art Stockton

Communicare: Vicky Heath
Elaine South

Seven Counties: not attending

Northkey: not attending

Comprehend: Rick Jones

Pathways: Tom Leach
Barbara Sands

Mountain: Walter Owens

Kentucky River: Darlene Dixon

Cumberland River not attending

Adanta: Tammy Speaks
Cathy VanBruggen
Susan Wheeldon

Bluegrass: Nathan Millay

KDBHDID:

Mental Health / Substance Abuse:

Jeff Jamar
Janice Johnston
Lou Kurtz, Division Director
Michele McCarthy

Developmental & Intellectual Disabilities:

Kedra Fitzpatrick

Administration & Financial Management:

Hope Barrett – Chairperson
Minji Sohn
Susan Walker

Commissioner's Office:

not attending

University of Kentucky:

Research and Data Management (RDMC):

Jeanne Clark
Harry Hughes

Center on Alcohol & Drug Research (CDAR):

Not attending

KARP:

Carl Boes

Introductions – Welcome

Enjoy the first day of autumn next week.



1. Client/Event Data Set

1a. Client Data Quality Standards- see handout.

Previously: During 2007, Department leadership chose not to adopt the new quality standards after JCIC and the Department's internal Data Users Group approved and recommended these standards.

Update: Department Executive Staff are requesting improved data quality standards and thus the previously agreed upon standards are again being recommended to the Department. These are presented to JCIC today as review and acknowledgement that your previous work is now being recommended.

Discussion: Hope will follow-up with an email to the group summarizing the discussion from the upcoming meeting planned with the Department's Executive Team.

1b. Assessing our system for capacity to report Evidence Based Practices (EBP)

Previously: The Department will be designing a methodology to better document EBP usage by CMHCs. The purpose in this is to build infrastructure to give Centers the credit deserved for using EBPs and to more accurately report on National Outcome Measures. Any JCIC representative that would like to participate in the subgroup can contact Lou Kurtz (502) 564-4456 or Louis.Kurtz@ky.gov.

Update: The work group has met and has initial feedback for JCIC which includes using event modifiers already in the event file structure.

Discussion: The work group is preparing a proposal that would include the use of one of the following unused fields that currently exist in the event data file structure.

- DMHMRS Modifier 2
- HCPCS Modifier 1
- HCPCS Modifier 2

The work group needs volunteers from the CMHCs to offer input so that decisions can include and use elements already incorporated in the current and developing EHRs. Please contact Lou Kurtz to involved.

Louis.Kurtz@ky.gov (502) 564-4456

2. Human Resources Data Set

none

3. Division-Specific Topics:

3a Mental Health / Substance Abuse (MH/SA)

Mental Health On-Site Program Monitoring

The Division of Behavioral Health has begun on-site monitoring visits to evaluate mental health programs. Three data reports exist that will be used in support of these visits.

- “MH On-Site Monitoring – Youth (18-21)”
- “MH On-Site Monitoring – Adults (18+)”
- “MH On-Site Monitoring – Children (<18)”

The Department is currently in the process of posting these three reports to each CMHC login page so that CMHCs can see their regional information that is used for DBH MH Program monitoring. Look for these reports on the CMHC Regional Login pages sometime next week. Center staff can contact their IPOP Liaison or Hope Barrett (Hope.Barrett@ky.gov) (502) 564-4860 if you experience difficulty opening these reports.

3b. Intellectual Disabilities (ID) – *previously named “Mental Retardation (MR)”*

MR Crisis Prevention (Service Code 91)

Previously: Kedra Fitzpatrick, Division of Developmental and Intellectual Disabilities, has instructed us for nearly a year on how to properly report crisis services provided to our I/DD population using the two funding sources of restricted crisis dollars.

Update: Six centers currently are reporting that they have provided no crisis services using service code 91, MR Crisis Prevention, to any individual in the I/DD program (special indicator code 20, 21, 29)

and payer DMHMRS/Y. There is concern about this since the Department funds these services with two pots of restricted crisis monies. If your Center is among the six that have zero in this category, expect that a data liaison from IPOP will soon contact you for assistance in identifying the source of this data reporting issue and development of a plan of action to correct any inaccuracies.

Discussion: The report behind this is: http://www.rdmc.org/cmhc/reports/CMHC_D73.rpt

You can also get to this from the Department's website where there are other reports that might be useful to your work http://mhmr.ky.gov/cmhc/cmhc_data_reports.asp?g=y

3c. Administration & Financial Management (A&FM)

none

4. New Items

none

5. Next Meeting - November 17, 2010

Scheduled Meetings for SFY 2011

- January 19, 2011
- March 16, 2011
- May 18, 2011

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**Participation Options:** (*TECHNICAL ASSISTANCE: (502) 564-4860 ask for Chrissy, Lance or Derek.*)

**Video-conference:** Meeting Room #: 1801364

- If you are able to 7 digit dial please use **1801364**
- If you are unable to 7 digit dial please do the following: dial **205.204.134.33** and connect to meeting room # **1801364**

**Tele-conference: (audio only)**

1. Dial (502) 875-9991 You will hear a voice prompt asking you to enter your conference ID followed by the # sign.
2. Enter "1801364#".
3. You will be automatically joined into the conference.

**In Person:**

The Department staff have reserved "Small Conference Room" located at 100 Fair Oaks Lane, 4<sup>th</sup> Floor, Frankfort, KY

# Proposed Data Quality Standards and Calculations

Version Date: September 9, 2010 (*no changes since July 2007*)

## Data Quality Standards

### Timeliness Standard\*

Files: Client, Event, Discharge

Criteria: For the Client and Event files, the final submission must be completed by the last day of the month following the Reporting Period. For the Discharge File, final submission must be made by the end of the month that the file was provided by RDMC. See the Discharge File Section in the Data Submission Guide for details.

### Fatal Error Standard

Files: Client, Event, Human Resources, Discharge

Criteria: Each Fatal Field is to have no more than 0.5% invalid values. See "Fatal Field Listing" for a list of fatal fields. Errors in fatal fields cause the entire record to be rejected from the data base.

### General Error Standard

Files: Client, Event, Human Resources, Discharge

Criteria: The percentage of incorrect or incomplete values for each field must be under a set percentage rate for that field. This standard includes the current General Accuracy errors as well as the current Incomplete errors. It applies to all non-fatal fields. See "General Field Listing" for threshold values for each field. Errors in General Error fields only cause the loss of information for that particular field. The remaining portion of the record will be saved in the data base.

### Onsite Chart Audit Standard

Criteria: Each year, an onsite chart audit will be conducted at each Center. Charts will be reviewed to compare values submitted for randomly selected clients against values indicated in the charts. An overall score will be calculated from the visit. Guidelines for chart audits have not been finalized. One possible scoring formula would be:  $\text{Score} = (\text{Correct Fields} / \text{Total Fields}) * 100$ . If desired, different fields can be given different weights in the formula.

Note that here is no longer a distinction between an original submission and a resubmission. Regions may resubmit data as many times as desired, without penalty, up until the Timeliness cutoff date for that data file. Timeliness, Fatal Error, and General Error standards are based upon the final file submitted. It may prove useful to establish a deadline after which regions cannot resubmit a file to update their Fatal or General/Completeness standards. Maybe the deadline should be one month after the regular Timeliness deadline.

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\*There is no Timeliness check for the Human Resource data file. This file type is not required on a monthly basis, although regions must submit at least one Human Resource file each Incentive Bond year.

**CMHC Data Quality Calculations**  
**(previously named “Incentive Bond Calculations”)**

| <b>Points Breakdown</b>                                                                       | <b><u>Possible Points</u></b> |
|-----------------------------------------------------------------------------------------------|-------------------------------|
| Client File                                                                                   |                               |
| Timeliness, Fatal Error, and General Error Standards                                          |                               |
| 1 point for each standard – 12 months each                                                    | 36 points                     |
| Event File                                                                                    |                               |
| Timeliness, Fatal Error, and General Error Standards                                          |                               |
| 1 point for each standard – 12 months each                                                    | 36 points                     |
| Discharge File                                                                                |                               |
| Timeliness, Fatal Error, and General Error Standards                                          |                               |
| 1 point for each standard – 12 months each                                                    | 36 points                     |
| Human Resources File                                                                          |                               |
| (Fatal Error and General Error Standards)                                                     |                               |
| A total of 12 points can be obtained regardless of the number of submissions during the year. |                               |
| Points per standard = 6/Number of Submissions                                                 | 12 points                     |
| Onsite Chart Audit***                                                                         |                               |
| A region can obtain up to 30 points for the Chart Audit.                                      |                               |
| Chart Audit Points = Accuracy Rate * 30                                                       | 30 points                     |
|                                                                                               |                               |
| Total Possible Points                                                                         | 150 points                    |
|                                                                                               |                               |
| Points Required (150 * 90%)                                                                   | 135 points                    |

\*\*\*If no Onsite Chart Audit is completed during the Incentive Bond Year, Total Possible Points will be reduced to 120 and Total Required Points will be reduced to 108 (90% of 120).

## Fatal Field Listing

### Client File

System Reporting Date  
Region Number  
Client ID  
Client Status Code

### Event File

Client ID  
Service From Date  
DMHMRS Modifier 1 (when Source of Pay = Y/DMHMRS)  
Provider ID

### Human Resources File

Region Number  
Staff Identifier  
System Reporting Date  
Date of Employment

### Discharge File

Reporting Period  
Region Number  
Client ID  
SA Admission Date  
SA Discharge Date

## General Field Listing

|                                                   | <u>Proposed Maximum Error Rate</u> |
|---------------------------------------------------|------------------------------------|
| <u>Client File</u>                                |                                    |
| Date of Birth                                     | 1%                                 |
| Sex                                               | 1%                                 |
| Employment Status                                 | 3%                                 |
| Living Arrangements                               | 3%                                 |
| County of Residence                               | 3%                                 |
| All other fields. . .                             | 5%                                 |
| <u>Event File</u>                                 |                                    |
| DMHMRS Modifier 1                                 | 3%                                 |
| Place of Service                                  | 5%                                 |
| Source of Pay                                     | 5%                                 |
| Special Program Indicator                         | 5%                                 |
| Units of Service                                  | 5%                                 |
| <u>Human Resources File</u>                       |                                    |
| Separation Date                                   | 5%                                 |
| Highest Degree                                    | 5%                                 |
| Employment Status                                 | 5%                                 |
| First Additional Language (No Completeness check) | 5%                                 |
| Primary Taxonomy Code                             | 5%                                 |
| <u>Discharge File</u>                             |                                    |
| Reason for Discharge                              | 5%                                 |
| Drug Type Code – Primary                          | 5%                                 |
| Frequency of Use – Primary                        | 5%                                 |
| Drug Type Code – Secondary                        | 5%                                 |
| Frequency of Use – Secondary                      | 5%                                 |
| Drug Type Code – Tertiary                         | 5%                                 |
| Frequency of Use – Tertiary                       | 5%                                 |
| Living Arrangements                               | 5%                                 |
| Employment Status                                 | 5%                                 |
| Number of Arrests                                 | 5%                                 |
| Self-Help Attendance                              | 5%                                 |